
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

State Of Idaho, Department of Health and
Welfare, Division of Child Support Enforcement,
Plaintiff,

vs.

_____,

and

_____,

Co-Defendants.

Case No.: _____

JOINDER ORDER

This matter came before the Court on the [] mother's [] father's Motion for Joinder of
a party. It is ORDERED that [] Mother [] Father, named

_____ is joined as a party in this case. The
case caption shall name both parents as Co-Defendants.

Date: _____, 20____.

Judge

CLERK'S CERTIFICATE OF SERVICE:

I certify I served a copy:

To: State of Idaho, Department of Health and
Welfare, Division of Child Support Enforcement

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Deputy Clerk